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ILLINOIS Environmental Protection Agency
1993 Hazardous Waste Report
Form IC -- Identification and Certification

Instructions for this form found on pages 6 - 12.
This form must be completed for the location shown on the above label. If you need additional forms for other locations, call IEPA.

Sec. I – Generator Status

A. 1 (30) RCRA Generator Status *(Enter one code)*

1 = LQG
2 = SQG } Skip to Box C
3 = CESQG
4 = Nongenerator (Continue to Box B)

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B. Reason for not generating *(Check all that apply)*

31 __ Never generated
32 __ Out of business
33 __ Only excluded or delisted waste generated
34 __ Only non-hazardous waste generated
35 __ Periodic generator, none in reporting year
36 __ Waste minimization activity
37 __ Other *(Specify in comments box)*

1 (38) Status Time Period: 1 = Expected to be the same next year and following years. 2 = Expected to change next year.

Section II. Enter the SIC Code(s) for this location.

3341 (39) 3351 (43) 3366 (47) ____ (51)

Section III. On-Site Waste Management Status *(enter one code for each question)*

A. 55 1 RCRA regulated (permitted or interim status) storage
B. 56 1 RCRA permitted or interim status treatment, disposal, or recycling
C. 57 1 Treatment, disposal, or recycling exempt from RCRA permit requirements

Section IV. Waste Minimization Activity During This Reporting Year (Enter Y [Yes] or N [No] for questions A-E)

(ONLY LQG'S SHOULD COMPLETE SECTION IV)

A. 58 Y Did this site begin or expand a source reduction activity this year? If "no" refer to page 48 and list factors in D first row.

B. 59 N Did this site begin or expand a recycling activity this year? If "no" refer to page 48 and list factors in D second row.

60 Y Did this site systematically investigate opportunities for source reduction or recycling?

D. Did any of the factors listed on page 48 delay or limit this site's ability to initiate new or additional source reduction or on-site or off-site recycling activities this year; if yes, refer to page 48 and enter Y on the appropriate row below.

SOURCE REDUCTION LIMITING FACTORS

a. __ (61) b. __ (62) c. __ (63) d. Y (64) e. __ (65) f. Y (66) g. Y (67) h. __ (68) i. Y (69) j. __ (70)

RECYCLING LIMITING FACTORS

a. __ (71) b. __ (72) c. __ (73) d. __ (74) e. __ (75) f Y (76) g. Y (77) h. __ (78) i. __ (79) j. __ (80) k. __ (81) l. __ (82) m. __ (83) n. __ (84) o. __ (85)

E. Y (86) Does this site have in place an organized program to implement recycling and/or source reduction activities? If "yes", refer to page 49 and mark all activities which describe your program on spaces 87 through 99.

a. Y (87) b. __ (88) c. __ (89) d. __ (90) e. Y (91) f. __ (92) g. __ (93) h. __ (94) i. __ (95) j. __ (96) k. __ (97) l. __ (98) m. __ (99)

COMMENTS: __ (100) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

Sec. V. Certification This Agency is authorized to require this information under 415 ILCS 5/4 and 21 (f)(2). Disclosure of this information is required. Failure to do so may result in a civil penalty up to $25,999 for each day the failure continues, a fine up to $1,000,000.00 and imprisonment up to 5 years. This form has been approved by the Forms Management Center. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Please print: Last Name Conreaux First Name Robert B. Title V.P. - Manufacturing

C. Signature Robert E Conreaux D. Date of signature 2/28/94

Prepared: KAB 2/28/94 Checked: KAB 2/28/94

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ILLINOIS Environmental Protection Agency
1993 Hazardous Waste Report
Form GM – Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION

A. Waste Description: Solvent Still Bottoms - Trichloroethylene

B. EPA Hazardous Waste Code F 0 0 1

C. SIC code 3 3 5 1

D. Origin Code 1 System type M___

E. Source code A 1 9 A ___ A ___

F. Point of measurement 1

G. Waste form code B 2 0 1

H. Radioactive mixed 2

I. TRI constituent 2

J. CAS numbers: 1. 79-01-6 2. ___ 3. ___ 4. ___ 5. ___

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

UOM 1 Density 9.78 lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in : B Previous reporting year 0.0 C. Current reporting year 3300.0

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type M___ Quantity managed on-site this year ___

On-Site System 2: System Type M___ Quantity managed on-site this year ___

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:

Clayton Chemical Co.
No. 1 Mobile Ave., Sauget, IL 62201

B. U.S. EPA ID No. of facility waste was shipped to: I L D 0 6 6 9 1 8 3 2 7

C. System type shipped to M 0 2 2

D. Off-site availability code ___

E. Total quantity shipped in this reporting year: 3 3 0 . 0

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: ___

C. System type shipped to M___

D. Off-site availability code ___

E. Total quantity shipped in this reporting year: ___

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W___ W___ W___ W___

C. Other effects (Y=Yes, N=No) ___

D. Quantity recycled in reporting year due to new activities ___

E. Activity/production index ___

F. Reporting year Source reduction quantity ___

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N

C. Quantity stored at year end and for 90 days or more that was generated this reporting year: ___

D. Quantity stored at year end that was generated prior to this reporting year: ___

COMMENTS: ___ Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

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ILLINOIS Environmental Protection Agency
1993 Hazardous Waste Report
Form GM – Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION

A. Waste Description: Solvent Still Bottom Sludge, Trichloroethylene

B. EPA Hazardous Waste Code F001 (30) (34) (38) (42) (46)

C. SIC code 3351 (50)

D. Origin Code 1 (54) System type M (55) E. Source code A19 (59) A (62) A (65)

F. Point of measurement 1 (68) G. Waste form code B601 (69)

H. Radicactive mixed 2 (73) I. TRI constituent 3 (74)

J. CAS numbers: 1. (75) 79-01-6 2. (83) 3. (91)

4. (99) 5. (107)

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (115) Density (116) 8.37 lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in : B Previous reporting year (120) 0. C. Current reporting year (130) 1650

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type M (141) Quantity managed on-site this year (145)

On-Site System 2: System Type M (155) Quantity managed on-site this year (159)

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (169) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:
Clayton Chemical Co.
1 Moblie Ave., Sauget, IL 62201

B. U.S. EPA ID No. of facility waste was shipped to: ILD066918327 (170)

C. System type shipped to M022 (182) D. Off-site availability code 1

E. Total quantity shipped in this reporting year: 1650 (187)

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: (197)

C. System type shipped to M (209) D. Off-site availability code (213)

E. Total quantity shipped in this reporting year: (214)

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W (225) W (228) W (231) W (234) C. Other effects (Y=Yes, N=No) (237)

D Quantity recycled in reporting year due to new activities (238)

E. Activity/production index (248) F. Reporting year Source reduction quantity (251)

Sec. V REGULATED STORAGE

A Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (261)

B Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N (262)

Quantity stored at year end and for 90 days or more that was generated this reporting year: (263)

Quantity stored at year end that was generated prior to this reporting year: (273)

COMMENTS: ____ Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

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ILLINOIS Environmental Protection Agency
1993 Hazardous Waste Report
Form GM – Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION

A. *Waste Description:* Solvent Still Bottoms, 1,1,1 Trichlorethane

B. EPA Hazardous Waste Code (30) F 0 0 1 (34) (38) (42) (46)

C. SIC code (50) 3 3 5 1

D. Origin Code (54) 1 System type (55) M

E. Source code (59) A 1 9 (62) A (65) A

F. Point of measurement (68) 1

G. Waste form code (69) B 2 0 1

H. Radioactive mixed (73) 2

I. TRI constituent (74) 3

J. CAS numbers: 1. (75) 7 1 - 5 5 6 2. (83) - - 3. (91) - -

4. (99) - - 5. (107) - -

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM (115) 1 Density (116) 9.7 8 lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in : B Previous reporting year (120) 4 5 6 3 0. C. Current reporting year (130) 3 3 1 5 0

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? (140) N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type (141) M Quantity managed on-site this year (145)

On-Site System 2: System Type (155) M Quantity managed on-site this year (159)

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? (169) Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:
Clayton Chemical Co.
No. 1 Mobile Ave., Sauget, IL 62201

B. U.S. EPA ID No. of facility waste was shipped to: (170) I L D 0 6 6 9 1 8 3 2 7

C. System type shipped to (182) M 0 2 2 D. Off-site availability code (186)

E. Total quantity shipped in this reporting year: (187) 3 3 1 5 0

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: (197)

C. System type shipped to (209) M D. Off-site availability code (213)

E. Total quantity shipped in this reporting year: (214)

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? (224) Y Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity (225) W 7 1 (228) W (231) W (234) W C. Other effects (Y=Yes, N=No) (237) N

D. Quantity recycled in reporting year due to new activities (238)

E. Activity/production index (248) F. Reporting year Source reduction quantity (251) 1 2 4 8 0

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) (261) N

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) (262) N

Quantity stored at year end and for 90 days or more that was generated this reporting year: (263)

Quantity stored at year end that was generated prior to this reporting year: (273)

COMMENTS: (283) Y Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

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1993 HAZARDOUS WASTE REPORT

FORM GM - WASTE GENERATION AND MANAGEMENT

COMMENTS

SEC. IV, LINE B. - ACTIVITY W71 = CONVERTED TO NON-HAZARDOUS ORGANIC SOLVENTS

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ILLINOIS Environmental Protection Agency
1993 Hazardous Waste Report
Form GM – Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION

A. Waste Description: Solvent Still Bottom Sludge, 1,1,1 Trichlorethane

B. EPA Hazardous Waste Code F 0 0 1 (30) ____ (34) ____ (38) ____ (42) ____ (46) ____

C. SIC code 3 3 5 1 (50)

D. Origin Code 1 (54) System type M (56) ____ E. Source code A 1 9 (58) A ____ (62) A ____ (66)

F. Point of measurement 1 (68) G. Waste form code B 6 0 1 (69)

H. Radioactive mixed 2 (73) I. TRI constituent 3 (74)

J. CAS numbers: 1. (75) ____ 7 1 - 5 5 - 6 2. (83) ____ - ____ - ____ 3. (91) ____ - ____ - ____

4. (99) ____ - ____ - ____ 5. (107) ____ - ____ - ____

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (115) Density 8.37 (116) lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in : B Previous reporting year (120) 1 1 0 0 0. C. Current reporting year (130) 4 9 5 0

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type M (141) ____ Quantity managed on-site this year (145) ____

On-Site System 2: System Type M (155) ____ Quantity managed on-site this year (159) ____

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (169) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:

Clayton Chemical Co.
1 Mobile Ave., Sauget, IL 62201

B. U.S. EPA ID No. of facility waste was shipped to: I L D 0 6 6 9 1 8 3 2 7 (170)

C. System type shipped to M 0 2 2 (182) D. Off-site availability code ____

E. Total quantity shipped in this reporting year: 4 9 5 0 (187)

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: ____ (197)

C. System type shipped to M ____ (209) D. Off-site availability code ____ (213)

E. Total quantity shipped in this reporting year: ____ (214)

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? Y (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W 7 1 (225) W ____ (228) W ____ (231) W ____ (234) C. Other effects (Y=Yes, N=No) N (237)

D. Quantity recycled in reporting year due to new activities ____ (238)

E. Activity/production index ____ (240) F. Reporting year Source reduction quantity 6 0 5 0 (251)

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (261)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N (262)

Quantity stored at year end and for 90 days or more that was generated this reporting year: ____ (263)

Quantity stored at year end that was generated prior to this reporting year: ____ (275)

COMMENTS: Y (287) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

1993 HAZARDOUS WASTE REPORT

FORM GM - WASTE GENERATION AND MANAGEMENT

COMMENTS

SEC. IV, LINE B. - ACTIVITY W71 = CONVERTED TO NON-HAZARDOUS ORGANIC SOLVENTS

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ILLINOIS Environmental Protection Agency
1993 Hazardous Waste Report
Form GM – Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Solvent 1,1,1 Trichlorethane

B. EPA Hazardous Waste Code F001 (30) (34) (38) (42) (46)

C. SIC code 3351 (50)

D. Origin Code 1 (54) System type M (55)

E. Source code A19A (59) (62) A (65)

F. Point of measurement 1 (68)

G. Waste form code B202 (69)

H. Radioactive mixed 2 (73)

I. TRI constituent 3 (74)

J. CAS numbers: 1. 71-55-6 (75) 2. (83) 3. (91)
4. (99) 5. (107)

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (115) Density 10.45 (116) lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in : B Previous reporting year (120) 896850. C. Current reporting year (130) 136950

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? Y (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type M (141) 021 Quantity managed on-site this year (145) 136950

On-Site System 2: System Type M (155) Quantity managed on-site this year (159)

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (169) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:
Clayton Chemical Company
No. 1 Mobile Ave., Sauget, IL 62201

B. U.S. EPA ID No. of facility waste was shipped to: ILD066918327 (170)

C. System type shipped to M (182) 022 D. Off-site availability code 1 (186)

E. Total quantity shipped in this reporting year: (187) 55460

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: (197)

C. System type shipped to M (209) D. Off-site availability code (213)

E. Total quantity shipped in this reporting year: (214)

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? Y (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W71 (225) W (228) W (231) W (234) C. Other effects (Y=Yes, N=No) N (237)

D. Quantity recycled in reporting year due to new activities (238)

E. Activity/production index 1.0 (248) F. Reporting year Source reduction quantity (251) 550

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (261)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N (262)

Quantity stored at year end and for 90 days or more that was generated this reporting year: (263)

Quantity stored at year end that was generated prior to this reporting year: (273)

COMMENTS: Y (283) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

1993 HAZARDOUS WASTE REPORT

FORM GM - WASTE GENERATION AND MANAGEMENT

COMMENTS

SEC. IV, LINE B. - ACTIVITY W71 = CONVERTED TO NON-HAZARDOUS ORGANIC SOLVENTS

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ILLINOIS Environmental Protection Agency
1993 Hazardous Waste Report
Form GM – Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE ION

A. Waste Description: .aste Cleaning Solution, Stripper Dip Mix

B. EPA Hazardous Waste Code D 0 0 1

C. SIC code 3 3 4 1

D. Origin Code 1 System type M

E. Source code A 2 2 A A

F. Point of measurement 1

G. Waste form code B 1 0 2

H. Radioactive mixed 2

I. TRI constituent 2

J. CAS numbers: 1. 2. 3. 4. 5.

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

UOM 1 Density 8 . 2 8 lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in : B Previous reporting year 8 8 0 1 0 . C. Current reporting year 7 6 7 4 0

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type M Quantity managed on-site this year

On-Site System 2: System Type M Quantity managed on-site this year

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:
Safety Kleen Envirosystems
State Highway 146, New Castle, KY 40050

B. U.S. EPA ID No. of facility waste was shipped to: K Y D 0 5 3 3 4 8 1 0 8

C. System type shipped to M 0 6 1 D. Off-site availability code 1

E. Total quantity shipped in this reporting year: 4 9 4 4 . 0

Site 2: Name and address of facility:
Safety Kleen Corp.
633 East 138th St., Dolton, IL 60419

B. U.S. EPA ID No. of facility waste was shipped to: I L D 9 8 0 6 1 3 9 1 3

C. System type shipped to M D. Off-site availability code 1

E. Total quantity shipped in this reporting year: 2 7 3 0 . 0

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W W W W C. Other effects (Y=Yes, N=No)

D. Quantity recycled in reporting year due to new activities

E. Activity/production index F. Reporting year Source reduction quantity

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N

Quantity stored at year end and for 90 days or more that was generated this reporting year:

Quantity stored at year end that was generated prior to this reporting year:

COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

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ILLINOIS Environmental Protection Agency
1993 Hazardous Waste Report
Form GM – Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION

A. Waste Description: Mercury Contaminated Solid Waste

B. EPA Hazardous Waste Code D009 (30) ____ (34) ____ (38) ____ (42) ____ (46)

C. SIC code 3351 (50)

D. Origin Code 1 (54) System type M (55) ____ E. Source code A53 (59) A____ (62) A____ (65)

F. Point of measurement 3 (68) G. Waste form code B319 (69)

H. Radioactive mixed 2 (73) I. TRI constituent 2 (74)

J. CAS numbers: 1. ____ (75) 2. ____ (83) 3. ____ (91)

4. ____ (99) 5. ____ (107)

OK as corr

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (115) Density 2.35 (116) lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in : B Previous reporting year 00. (120) C. Current reporting year 1700. (130)

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type M (141) ____ Quantity managed on-site this year ____ (145)

On-Site System 2: System Type M (155) ____ Quantity managed on-site this year ____ (159)

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (169) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:
Chemical Waste Management, Inc.
Emelle Facility, Alabama Highway 17 at Mile Marker 163
Emelle, AL 35459

B. U.S. EPA ID No. of facility waste was shipped to: ALD000622464 (170)

C. System type shipped to M132 (182) D. Off-site availability code 1 (186)

E. Total quantity shipped in this reporting year: 1700.0 (187)

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: ____ (197)

C. System type shipped to M____ (209) D. Off-site availability code ____ (213)

E. Total quantity shipped in this reporting year: ____ (214)

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W____ (225) W____ (228) W____ (231) W____ (234) C. Other effects (Y=Yes, N=No) ____ (237)

D. Quantity recycled in reporting year due to new activities ____ (238)

E. Activity/production index ____ (248) F. Reporting year Source reduction quantity ____ (251)

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (261)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N (262)

Quantity stored at year end and for 90 days or more that was generated this reporting year: ____ (263)

Quantity stored at year end that was generated prior to this reporting year: ____ (273)

COMMENTS: Y (---) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

1993 HAZARDOUS WASTE REPORT

FORM GM - WASTE GENERATION AND MANAGEMENT

COMMENTS

SEC. I, LINE G. - WASTE FORM CODE B319 = TRASH CONTAMINATED WITH MERCURY

SEC. I, LINE J. - MERCURY COMPOUNDS (NO C.A.S. NUMBER)

ILD 080 018 914 163 12100 08

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3000 MISSISSIPPI & HWY 3
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62206

ILLINOIS Environmental Protection Agency
1993 Hazardous Waste Report
Form GM – Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Trichloroethylene

B. EPA Hazardous Waste Code F001

C. SIC code 3351

D. Origin Code 1 System type M

E. Source code A19 A A

F. Point of measurement 1

G. Waste form code B202

H. Radioactive mixed 2

I. TRI constituent 2

J. CAS numbers: 1. 79-01-6 2. 3. 4. 5.

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 Density 11.55 lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in : B Previous reporting year 00. C. Current reporting year 6394.0

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type M Quantity managed on-site this year

On-Site System 2: System Type M Quantity managed on-site this year

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:

Clayton Chemical Co.
No. 1 Mobile Ave., Sauget, IL 62201

B. U.S. EPA ID No. of facility waste was shipped to: ILD069183 27

C. System type shipped to M022 D. Off-site availability code

E. Total quantity shipped in this reporting year: 6394.0

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to:

C. System type shipped to M D. Off-site availability code

E. Total quantity shipped in this reporting year:

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W W W W C. Other effects (Y=Yes, N=No)

D. Quantity recycled in reporting year due to new activities

E. Activity/production index F. Reporting year Source reduction quantity

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N

Quantity stored at year end and for 90 days or more that was generated this reporting year:

Quantity stored at year end that was generated prior to this reporting year:

COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

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1993 Hazardous Waste Report
Form GM – Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Cleaning Solution, Phosphoric Acid

B. EPA Hazardous Waste Code D002 (30) ____ (34) ____ (38) ____ (42) ____ (46)

C. SIC code 3341 (50)

D. Origin Code 1 (54) System type M (55)

E. Source code A27 (59) A (62) A (65)

F. Point of measurement 1 (68)

G. Waste form code B103 (69)

H. Radioactive mixed 2 (73)

I. TRI constituent 2 (74)

J. CAS numbers: 1. 7664-38-2 (75) 2. (83) 3. (91)

4. (99) 5. (107)

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (115) Density 10.5 (116) lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in : B Previous reporting year (120) 10450. C. Current reporting year (130) 4950.

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (140) Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type M (141) Quantity managed on-site this year (145)

On-Site System 2: System Type M (155) Quantity managed on-site this year (159)

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (169) Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:

Heritage Environmental Services
7901 W. Morris St., Indianapolis IN 46231

B. U.S. EPA ID No. of facility waste was shipped to: IND093219012 (170)

C. System type shipped to M077 (182) D. Off-site availability code 1 (186)

E. Total quantity shipped in this reporting year: 4950. (187)

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: (197)

C. System type shipped to M (200) D. Off-site availability code (213)

E. Total quantity shipped in this reporting year: (214)

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N (224) Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W (225) W (228) W (231) W (234) C. Other effects (Y=Yes, N=No) (237)

D. Quantity recycled in reporting year due to new activities (236)

E. Activity/production index (248) F. Reporting year Source reduction quantity (251)

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (261)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N (262)

Quantity stored at year end and for 90 days or more that was generated this reporting year: (269)

Quantity stored at year end that was generated prior to this reporting year: (275)

COMMENTS: (297) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

Page 10 (13)

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ILLINOIS Environmental Protection Agency
1993 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION

A. Waste Description: Lead Contaminated Soil and Gravel
B. EPA Hazardous Waste Code D 0 0 8
C. SIC code 3 3 4 1
D. Origin Code 1 System type M
E. Source code A 5 9 A A
F. Point of measurement 1
G. Waste form code B 3 0 2
H. Radioactive mixed 2
I. TRI constituent 3
J. CAS numbers: 1. 2. 3.
4. 5.

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 3 Density 1 3.0 6 lbs/gal *(Same unit and density must be used for all quantities on this page)*
Quantity generated in : B Previous reporting year 0. C. Current reporting year 2 5 8 4 8 0.0
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M Quantity managed on-site this year
On-Site System 2: System Type M Quantity managed on-site this year

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility:
Peoria Disposal Co. #1
4349 Southport Rd., Peoria, IL 61615
B. U.S. EPA ID No. of facility waste was shipped to: I L D 0 0 0 8 0 5 8 1 2
C. System type shipped to M 1 1 1 D. Off-site availability code 1
E. Total quantity shipped in this reporting year: 2 5 8 4 8 0.0
Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to M D. Off-site availability code
E. Total quantity shipped in this reporting year:

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W W W W C. Other effects (Y=Yes, N=No)
D. Quantity recycled in reporting year due to new activities
E. Activity/production index F. Reporting year Source reduction quantity

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N
Quantity stored at year end and for 90 days or more that was generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:

COMMENTS: Y Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

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1993 HAZARDOUS WASTE REPORT

FORM GM - WASTE GENERATION AND MANAGEMENT

COMMENTS

SEC. I, LINE J. LEAD COMPOUNDS (NO C.A.S. NUMBER)

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ILLINOIS Environmental Protection Agency
1993 Hazardous Waste Report
Form GM – Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Oil Halogen Contaminated

B. EPA Hazardous Waste Code F001 D005 D008 D001

C. SIC code 3351

D. Origin Code 1 System type M

E. Source code A54 A51 A19

F. Point of measurement 1

G. Waste form code B206

H. Radioactive mixed 2

I. TRI constituent 3

J. CAS numbers: 1. 71-55-6 2. 79-01-6 3. 4. 5.

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 Density 7.50 lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in : B Previous reporting year 424380.0 C. Current reporting year 480180.0

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type M Quantity managed on-site this year

On-Site System 2: System Type M Quantity managed on-site this year

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility:
Holnam Inc./Safety-Kleen
P.O. Box 456, Clarksville, MO 63336

B. U.S. EPA ID No. of facility waste was shipped to: MOD029729688

C. System type shipped to M051 D. Off-site availability code 1

E. Total quantity shipped in this reporting year: 438860.0

Site 2: Name and address of facility:
Clayton Chemical Company
No. 1 Mobile Ave., Sauget, IL 62201

B. U.S. EPA ID No. of facility waste was shipped to: ILD066918327

C. System type shipped to M061 D. Off-site availability code 1

E. Total quantity shipped in this reporting year: 41320.0

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W W W W C. Other effects (Y=Yes, N=No)

D. Quantity recycled in reporting year due to new activities

E. Activity/production index F. Reporting year Source reduction quantity

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N

Quantity stored at year end and for 90 days or more that was generated this reporting year:

Quantity stored at year end that was generated prior to this reporting year:

COMMENTS: Y Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

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1993 HAZARDOUS WASTE REPORT

FORM GM - WASTE GENERATION AND MANAGEMENT

COMMENTS

SEC. I, LINE J. - LEAD COMPOUNDS (NO C.A.S. NUMBER)

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ILD [illegible] 153 [illegible]

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62206

ILLINOIS Environmental Protection Agency
1993 Hazardous Waste Report
Form TI – Transporter Identification

Instructions for this form found on page 31.

1. U.S. EPA ID No. I L D 0 9 9 2 0 2 6 8 1, Illinois Special Waste Hauling Permit No. 0 0 7 5

Transporter Name and Address:
Chemical Waste Management Inc.
#7 Mobile Ave.
Sauget, IL 62201

2. U.S. EPA ID No. I L D 0 0 6 4 9 1 2 8 6, Illinois Special Waste Hauling Permit No. 0 0 2 5

Transporter Name and Address:
Schiber Truck Co.
P.O. Box 51
Hartford, IL 62048

3. U.S. EPA ID No. I L D 0 6 6 9 1 8 3 2 7, Illinois Special Waste Hauling Permit No. 0 2 6 1

Transporter Name and Address:
Clayton Chemical Co.
#1 Mobile Ave.
Sauget, IL 62201

4. U.S. EPA ID No. M O D 0 3 1 1 0 2 0 2 3, Illinois Special Waste Hauling Permit No. 0 8 6 5

Transporter Name and Address:
Superior Equipment Co.
3283 Ivanhoe
St. Louis, MO 63139

5. U.S. EPA ID No. I N D 0 5 8 4 8 4 1 1 4, Illinois Special Waste Hauling Permit No. 1 5 5 4

Transporter Name and Address:
Heritage Transport, Inc.
7901 W. Morris St.
Indianapolis, IN 46231

6. U.S. EPA ID No. N Y D 9 8 0 7 6 9 9 4 7, Illinois Special Waste Hauling Permit No. 1 7 9 7

Transporter Name and Address:
Hazmat Environmental Group, Inc.
P.O. Box 676
Buffalo, NY 14207

7. U.S. EPA ID No. I L D 0 0 9 8 4 8 1 9 3, Illinois Special Waste Hauling Permit No. 0 0 8 2

Transporter Name and Address:
PDC Transportation
1113 North Swords Ave.
Peoria, IL 61604

8. U.S. EPA ID No. I N D 9 8 4 8 7 4 6 0 2, Illinois Special Waste Hauling Permit No. 2 7 2 0

Transporter Name and Address:
Clean Streams, Inc.
2345 Summer St.
Hammond, IN 46320

COMMENTS: ____ **Enter Y (Yes) if you have comments regarding this page and attach extra sheet.**

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CERRO COPPER PRODUCTS CO.
P.O. Box 66800
St. Louis, MO 63166-6800
618/337-6000

February 28, 1994

Illinois Environmental Protection Agency
Division of Land Pollution Control #24
P.O. Box 19276
Springfield, Illinois 62794-9276

RE: 1993 GENERATOR ANNUAL HAZARDOUS WASTE REPORT,
U.S.E.P.A. I.D. NO. ILD080018914,
I.E.P.A. I.D. NO. 1631210008

Gentlemen:

Enclosed is the completed 1993 GENERATOR ANNUAL HAZARDOUS WASTE REPORT for Cerro Copper Products Company. Should additional information or clarification be required, please contact my office or that of Joseph M. Grana, Manager of Environmental and Energy Affairs, at 618/337-6000.

Very truly yours,

CERRO COPPER PRODUCTS CO.

Joe D. Burroughs
Environmental Engineer

Enclosure

cc. Joseph M. Grana

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A member of The Marmon Group of companies